

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Ramos Care Center LLC	CHAPTER 100.1
Address: 1365 Kuahaka Street, Pearl City, Hawaii 96782	Inspection Date: February 17, 2021 Initial

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

<input checked="" type="checkbox"/>	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-9 Personnel, staffing and family requirements. (b) All individuals who either reside or provide care or services to residents in the Type 1 ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p>FINDINGS Primary care giver (PCG) - No screening for symptoms consistent with pulmonary tuberculosis (TB). Submit a copy with the plan of correction (POC).</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>PCG completed TB on 2/18/21. TB certificate in ARCH binder.</p>	<p>2/18/21</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. FINDINGS Primary care giver (PCG) - No screening for symptoms consistent with pulmonary tuberculosis (TB). Submit a copy with the plan of correction (POC).	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>The administrator will use a spread sheet to keep track of the PCG TB expiration. Inform PCG 2-3 months before it expires to make appointment to update. For individuals with positive TB test staple the screen form to the PE form. A copy will be obtained for ARCH binder.</p>	<p style="text-align: center;">2/18/21</p>

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DATE 01-10-2011 BY 60322
11/10/2011

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 Personnel, staffing and family requirements. (e)(3) The substitute care giver who provides coverage for a period less than four hours shall: Be currently certified in first aid; FINDINGS Substitute care giver (SCG) #1 & SCG #3 - No first aid certification. SCG #1 provides coverage less than four hours. Submit copies for each with the POC.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">Care givers completed First Aid and CPR. Documentation in ARCH binder.</p>	<p style="text-align: center;">3/31/21</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 Personnel, staffing and family requirements. (e)(3) The substitute care giver who provides coverage for a period less than four hours shall: Be currently certified in first aid; FINDINGS Substitute care giver (SCG) #1 & SCG #3 - No first aid certification. SCG #1 provides coverage less than four hours. Submit copies for each with the POC.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>The administrator or PCG will use a spread sheet to keep track of SCGs First Aid Certificate expiration. Inform SCGs 2-3 months before expiration to allow time to get it completed. Certificate to be filed in ARCH binder.</p>	<p style="text-align: center;">3/31/21</p>

HONOLULU
 STATE OF HAWAII
 DEPARTMENT OF HEALTH
 DIVISION OF COMMUNITY CARE

DATE: 01/09/21

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 Personnel, staffing and family requirements, (e)(4) The substitute care giver who provides coverage for a period less than four hours shall: Be trained by the primary care giver to make prescribed medications available to residents and properly record such action. FINDINGS SCG #1, SCG #2 & SCG #3 - No documentation of training by the PCG to make prescribed medication available to residents. Submit documentation for each with the POC.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">PCG trained care givers. Documentation in ARCH binder.</p>	<p style="text-align: center;">2/18/21</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall: Be trained by the primary care giver to make prescribed medications available to residents and properly record such action. <u>FINDINGS</u> SCG #1, SCG #2 & SCG #3 - No documentation of training by the PCG to make prescribed medication available to residents. <u>Submit documentation for each with the POC.</u>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;">The administrator or PCG will use a checklist to keep track of SCGs training to make prescribed medication to residents. Training documentation to be filed in ARCH binder.</p>	<p style="text-align: center;">2/18/21</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-12 Emergency care of residents and disaster preparedness. (c) The licensee shall conduct regular quarterly rehearsals of emergency evacuation plans for staff and residents to follow in case of fire, explosion, or other civil emergency occurring in or within the environs of the facility. <u>FINDINGS</u> No rehearsals of emergency evacuation plans for staff to follow in case of fire.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-12 Emergency care of residents and disaster preparedness. (c) The licensee shall conduct regular quarterly rehearsals of emergency evacuation plans for staff and residents to follow in case of fire, explosion, or other civil emergency occurring in or within the environs of the facility. <u>FINDINGS</u> No rehearsals of emergency evacuation plans for staff to follow in case of fire.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;">The administrator or PCG will use a spread sheet to keep track of emergency evacuation rehearsals are followed and practiced by SCGs and residents every 3 months.</p>	<p style="text-align: center;">2/18/21</p>

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DIVISION OF
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-13 <u>Nutrition.</u> (f) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets. <u>FINDINGS</u> Resident #1 - "Low salt" and "4 gm Na or NAS" diet ordered 1/24/21. Regular diet provided. The adult residential care home is not licensed to provide special diets.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Currently enrolled in Special Diet training with OCHA nutritionist. Receiving guidelines for low salt and 4gm Na or NAS diet from OCHA nutritionist.</p>	<p style="text-align: center;">4/30/21</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-13 Nutrition. (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets. FINDINGS Resident #1 - "Low salt" and "4 gm Na or NAS" diet ordered 1/24/21. Regular diet provided. The adult residential care home is not licensed to provide special diets.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>The intension of this care home is to be special approved. Special diet class ends on 4/13/21. In the future, Care Home will contact OCHA nutritionist for guidance on special diets, if needed. Special diet menu will be developed for every special diet ordered.</p>	4/30/21

APR 09 2021

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container. FINDINGS Resident #1 - "Ammonium lactate 12% lotion" was unsecured un the bathroom.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">Medicated lotion was put back in locked cabinet to ensure resident safety.</p>	<p style="text-align: center;">2/17/21</p>

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<input checked="" type="checkbox"/> §11-100.1-15 <u>Medications.</u> (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container. <u>FINDINGS</u> Resident #1 - "Ammonium lactate 12% lotion" was unsecured in the bathroom.	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>The Administrator or PCG will post reminder notes on cabinet to remind substitute care givers to put medicated lotions back into locked cabinet after each use.</p>	<p style="text-align: center;">2/17/21</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 <u>Medications. (e)</u> All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. <u>FINDINGS</u> Resident #1 - No physician order for "Alaway ophthalmic solution" found with current medication.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">Removed unprescribed solution from medication container.</p>	<p style="text-align: center;">2/17/21</p>

APR 09 2021

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<input checked="" type="checkbox"/> §11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. <u>FINDINGS</u> Resident #1 - No physician order for "Ataway ophthalmic solution" found with current medication.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>When the family brings in medications, check the medication label and for corresponding physician order. If there is no physician order for the medication then the Administrator or PCG will call physician to clarify to continue or discontinue the medication and get a telephone order.</p>	<p style="text-align: right;">2/17/21</p>

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 STATE OF HAWAII

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (c) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. FINDINGS Resident #1 - "Potassium chloride (K-lor) 20 meq Take 1 packet by mouth one time per day" ordered 1/25/21; however, the medication record noted "1/2 pkt/day." The medication label read: "Dissolve 1 packet in liquid & drink once per day with Bumex."	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Discontinued Potassium Chloride packet change to Potassium Chloride tablet per Dr. order. Dr. order in resident binder.</p>	<p style="text-align: center;">3/1/21</p>

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<input checked="" type="checkbox"/> §11-100.1-15 <u>Medications</u> , (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. <u>FINDINGS</u> Resident #1 - "Potassium chloride (K-lor) 20 meq Take 1 packet by mouth one time per day" ordered 1/25/21; however, the medication record noted "1/2 pkt/day." The medication label read: "Dissolve 1 packet in liquid & drink once per day with Bumex." <div style="text-align: center;"> <p>01/25/21 12:00 PM</p> <p>01/25/21 12:00 PM</p> </div>	<div style="text-align: center;"> <p>PART 2</p> <p><u>FUTURE PLAN</u></p> </div> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>The Administrator or PCG will check if medication label and medication record match. Administrator will check physician order and medication label if they are the same recorded on the medication record. If family is not following the physician order we will explain we follow physician order and they can check with physician.</p>	<p>3/1/21</p>

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<input checked="" type="checkbox"/> §11-100.1-15 Medications. (c) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. <u>FINDINGS</u> Resident # 1 - "Citrical 800 mg with vit D Take 1 tablet daily" ordered 1/25/21; however, the medication record noted "calcium 630 mg 1/2 tab x day" was taken by the resident. The manufacturer's label for the calcium made available noted "630 mg + D3 12.5 mcg" tablets.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Updated Dr. order reflects updated Citrical medication. Dr. order in resident binder.</p>	<p style="text-align: center;">4/8/21</p>

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<input checked="" type="checkbox"/> §11-100.1-15 Medications. (c) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. FINDINGS Resident # 1 - "Citrical 800 mg with vit D Take 1 tablet daily" ordered 1/25/21; however, the medication record noted "calcium 630 mg 1/2 tab x day" was taken by the resident. The manufacturer's label for the calcium made available noted "630 mg + D3 12.5 mcg" tablets.	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Care Home to carefully and thoroughly read and follow physician order to ensure medication record and medication label match.</p> <p>Administrator or PCG will be responsible for ensuring the medication record and medication label reflects the physician order.</p> <p>Following this will help deficiency from recurring.</p>	<p style="text-align: center;">4/8/21</p> <div style="text-align: right;"> STATE OF HAWAII DOH-DHCA STATE LICENSING </div>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. FINDINGS Resident # 1 - "Citricol 800 mg with vit D Take 1 tablet daily" ordered 1/25/21; however, the medication record noted "calcium 630 mg 1/2 tab x day" was taken by the resident. The manufacturer's label for the calcium made available noted "630 mg + D3 12.5 mcg" tablets.	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>When the family brings in medication the Administrator or PCG will check medication label and physician order. If it doesn't match the Administrator or PCG will call the physician to get the change in the order.</p>	<p style="text-align: center;">4/8/21</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. FINDINGS Resident #1 - No physician order for "Bumex 2 mg 1/2 x day" recorded on the medication record.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">Requested updated medication list from Dr. Dr. order in resident binder.</p>	<p style="text-align: center;">4/8/21</p>

APR 09 2021

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<input checked="" type="checkbox"/> §11-100.1-15 Medications. (c) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. FINDINGS Resident #1 - No physician order for "Bumex 2 mg 1/2 x day" recorded on the medication record.	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Care Home to ensure and obtain physician order for medications.</p> <p>Administrator or PCG will be responsible for ensuring there is a physician order for all medications.</p> <p>For any new or revised medications Care Home to obtain and keep in resident folder to prevent recurrence of deficiency.</p>	<p style="text-align: center;">4/8/21</p> <p style="text-align: right;">STATE OF HAWAII DOH-ORCA STATE LICENSING</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 <u>Medications</u> , (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. <u>FINDINGS</u> Resident #1 - No physician order for "Bumex 2 mg 1/2 x day" recorded on the medication record.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>When the family brings in medications, check the medication label and for corresponding physician order. If there is no physician order for the medication then the Administrator or PCG will call physician to clarify to continue or discontinue the medication and get a telephone order.</p>	<p style="text-align: right;">4/8/21</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident. FINDINGS Resident #1 - "Triamcinolone acetonide (Kenalog) 0.1% cream apply topically as needed for itching. Apply sparingly twice daily as needed to affected area" ordered 1/25/21; however, no documentation that the medication is made available. The medication is not recorded on the medication flowsheet.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">Medicated cream was added to medication flow sheet.</p>	<p style="text-align: center;">2/17/21</p>

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<input checked="" type="checkbox"/> §11-100.1-15 Medications. (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident. FINDINGS Resident #1 - "Triamcinolone acetonide (Kenalog) 0.1% cream apply topically as needed for itching. Apply sparingly twice daily as needed to affected area" ordered 1/25/21; however, no documentation that the medication is made available. The medication is not recorded on the medication flowsheet. 09/25/21 13:15 VONG-HO HAWAII STATE	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>The Administrator or PCG will check physician order and medication label. Record all medications in the medication record.</p>	2/17/21

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 <u>Medications.</u> (h) All telephone and verbal orders for medication shall be recorded immediately on the physician's order sheet and written confirmation shall be obtained at the next physicians visit and not later than four months from the date of the verbal order for the medication. <u>FINDINGS</u> Resident #1 - Telephone order (2/9/21) to take "doxazosin (Cardura) at lunch" was not recorded on the physician order sheet.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Telephone order was recorded on the physician order sheet.</p>	<p style="text-align: center;">2/17/21</p>

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<input checked="" type="checkbox"/> §11-100.1-15 Medications. (h) All telephone and verbal orders for medication shall be recorded immediately on the physician's order sheet and written confirmation shall be obtained at the next physicians visit and not later than four months from the date of the verbal order for the medication. <u>FINDINGS</u> Resident #1 - Telephone order (2/9/21) to take "doxazosin (Cardura) at lunch" was not recorded on the physician order sheet.	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Care Home to ensure that telephone orders are recorded on the physician order sheet immediately following phone conversation.</p> <p>Administrator or PCG will be responsible for ensuring that the telephone order is recorded on the physician order sheet and obtain written confirmation.</p> <p>Following this will prevent a recurrence of the deficiency.</p>	<p style="text-align: center;">2/17/21</p> <p style="text-align: center;">STATE OF HAWAII DOH-CHOA STATE LICENSING</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 <u>Medications.</u> (h) All telephone and verbal orders for medication shall be recorded immediately on the physician's order sheet and written confirmation shall be obtained at the next physicians visit and not later than four months from the date of the verbal order for the medication. FINDINGS Resident #1 - Telephone order (2/9/21) to take "doxazosin (Cardura) at lunch" was not recorded on the physician order sheet. <div style="text-align: center;"> <p>RESIDENTIAL WORLD-IDEAL HUMANITY</p> </div>	<div style="text-align: center;"> <p>PART 2</p> <p><u>FUTURE PLAN</u></p> </div> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>The administrator or PCG will keep physician order sheets by phone. Upon receiving telephone order Administrator or PCG will immediately document on physician order sheet. Fax physician order with Dr. signature on it. Flag it so we make sure we get it back.</p>	<div style="text-align: right;"> <p>2/17/21</p> </div>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initiated by the care giver. <u>FINDINGS</u> Resident #1 - The medication record was not initiated by the care giver(s) for 2/16/21 (all day) and 2/17/21 (morning).	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">Care giver initiated and completed medication record as Late Entry (LE).</p>	<p style="text-align: center;">2/17/21</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initiated by the care giver. FINDINGS Resident #1 - The medication record was not initiated by the care giver(s) for 2/16/21 (all day) and 2/17/21 (morning).	<p style="text-align: center;"> PART 2 <u>FUTURE PLAN</u> </p> <p style="text-align: center;"> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? </p> <p> The administrator or PCG will retrain substitute care givers to initial medication record after giving medications. And at the end of the day the Administrator or PCG will recheck that the medication record was initialed by the care giver. </p>	<p style="text-align: center;">2/17/21</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 <u>Medications</u> . (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initiated by the care giver. FINDINGS Resident #1 - "Ammonium lactate (Lac-Hydrin) 12% lotion Apply topically as needed. Rub in thoroughly twice a day." was ordered 1/25/21; however, the medication was not recorded on the medication record.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">Medicated lotion was added to medication flow sheet.</p>	<p style="text-align: center;">2/17/21</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initiated by the care giver. FINDINGS Resident #1 - "Ammonium lactate (Lac-Hydrin) 12% lotion Apply topically as needed. Rub in thoroughly twice a day." was ordered 1/25/21; however, the medication was not recorded on the medication record. <div style="text-align: right;"> 01/25/21 01/25/21 01/25/21 </div>	<div style="text-align: center;"> PART 2 <u>FUTURE PLAN</u> </div> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>The Administrator or PCG will check physician order and medication label. Record all medications in the medication record.</p>	2/17/21

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (f)(1) General rules regarding records: All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry; <u>FINDINGS</u> Resident #1 - Progress notes and medication records (February 2021 & January 2021) were written in blue ink.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (f)(1) General rules regarding records: All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry; FINDINGS Resident #1 - Progress notes and medication records (February 2021 & January 2021) were written in blue ink.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Care Home to use only black ink on progress notes and medication flow sheet.</p> <p>Administrator or PCG to ensure only black ink is used on progress notes and medication flow sheet.</p> <p>Following this will help to prevent a recurrence of the deficiency.</p>	<p style="text-align: center;">2/17/21</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (f)(1) General rules regarding records: All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry; <u>FINDINGS</u> Resident #1 - Progress notes and medication records (February 2021 & January 2021) were written in blue ink.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>The administrator or PCG will retrain SCGs to only use black ink. Reminder notes will be posted in kitchen to remind SCGs.</p>	<p style="text-align: center;">2/17/21</p>

<input checked="" type="checkbox"/>	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§ 11-100.1-23 <u>Physical environment</u> (g)(3)(B) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>There shall be a clear and unobstructed access to a safe area of refuge;</p> <p><u>FINDINGS</u></p> <p>There was a wooden expandable child safety gate installed at the end of the hallway to the second exit.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Wooden gate was removed immediately.</p>	<p>2/17/21</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§ 11-100.1-23 <u>Physical environment</u> (g)(3)(B) Fire prevention protection.</p> <p>Type 1 ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>There shall be a clear and unobstructed access to a safe area of refuge;</p> <p><u>FINDINGS</u></p> <p>There was a wooden expandable child safety gate installed at the end of the hallway to the second exit.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future, Care Home to keep hallway clear and unobstructed for safety purposes.</p>	2/17/21

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(G) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Smoke detectors shall be provided in accordance with the most current edition of the National Fire Protection Association (NFPA) Standard 101 Life Safety Code, One and</p> <p>Two Family Dwellings. Existing Type I ARCHs may continue to use battery operated individual smoke detector units, however, upon transfer of ownership or primary care giver, such units shall be replaced with an automatic hard wiring UL approved smoke detector system;</p> <p><u>FINDINGS</u></p> <p>No smoke detector checks.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment.</u> (g)(3)(G) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: Smoke detectors shall be provided in accordance with the most current edition of the National Fire Protection Association (NFPA) Standard 101 Life Safety Code, One and Two Family Dwellings. Existing Type I ARCHs may continue to use battery operated individual smoke detector units, however, upon transfer of ownership or primary care giver, such units shall be replaced with an automatic hard wiring UL approved smoke detector system; <u>FINDINGS</u> No smoke detector checks.	<p style="text-align: center;">PLAN OF CORRECTION</p> <p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Care Home to maintain and monitor a reminder folder for monthly smoke detector checks are conducted.</p> <p>Adminstrator and PCG will be responsible for ensuring that smoke detector checks are conducted monthly.</p> <p>Following this will help prevent a recurrence of deficiency.</p>	<p style="text-align: center;">2/17/21</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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